MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10095

CERTIFICATE OF DEATH

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Price — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Price
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) SERENA (Middle) (Last) BARRETT

4. DATE OF DEATH: (Month) Oct. (Day) 17 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: MAY - 1890

9. AGE last birthday: 59 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Griffen

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Wm. Barrett - Price

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.1 Immediate cause (a) Mitral Heart Disease

Antecedent cause(s)

92b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac Dropsy

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): None — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: None — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from June 1, 1949, to Oct 12, 1949, that I last saw the deceased alive on Oct 11, 1949 and that death occurred at 1041 m., from the causes and on the date stated above.

SIGNATURE Gordon S. Dudley (Degree or title) Church Hill ADDRESS — DATE SIGNED Oct 13

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE Oct. 14 — NAME OF CEMETERY OR CREMATORY Salem — LOCATION (City, town, or county) Rural Centreville (State) Md

DATE REC'D BY LOCAL REG. Oct. 13 — REGISTRAR'S SIGNATURE Edgar L. Lane

24. FUNERAL DIRECTOR Edgar L. Lane — ADDRESS Church Hill

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NOV 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10006

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville
LENGTH OF STAY (in this place) Rural all of Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville, Rural
STREET ADDRESS (If rural, give location) (Lands End.)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Eliza (Last) Cook

4. DATE OF DEATH (Month) Oct. (Day) 3 (Year) 49

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Apr. 10, 1901

9. AGE last birthday 48 yrs. If under 1 year: Months 5, Days 23; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Picking Chestnuts

11. BIRTHPLACE (State or foreign country) Grasonville Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Wilson

14. MOTHER'S MAIDEN NAME Maria Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 219-03-7659

17. INFORMANT AND ADDRESS Elizabeth Hadrick Grasonville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary embolism, ruptured aneu- — Interval Between Onset and Death: Oct. 3. 1949

022 Antecedent cause(s) Aneurysm

30d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) vicium of Aorta aortic regurgitation — Several

(c) Arteriosclerosis nephro-sclerosis — Hars

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. lues Aortae (latent lues)

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1949, to Oct. 3, 1949, that I last saw the deceased alive on Sept. 19, 1949, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE Theodor Sattelmaier (Degree or title) M.D. ADDRESS Stevensville DATE SIGNED Oct. 4. 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Oct. 6-49 NAME OF CEMETERY OR CREMATORY Bryan Chapel Cemetery LOCATION (City, town, or county) Grasonville (State) Md.

DATE REC'D BY LOCAL REG. Oct. 6-'49 REGISTRAR'S SIGNATURE Helen M. Aldridge

24. FUNERAL DIRECTOR John Williams ADDRESS Easton - Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
OCT 12 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10007

251

Reg. Dist. No. ~~200~~

1. PLACE OF DEATH: COUNTY Queen Annes MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sudlersville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sudlersville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ARTHUR (Middle) (Last) DEMBY

4. DATE OF DEATH (Month) Oct (Day) 10 (Year) 1949

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH June 5 1889

9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Work

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? Usa

13. FATHER'S NAME George Demby

14. MOTHER'S MAIDEN NAME Sallie unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY No. unknow

17. INFORMANT Ethel Demby. Sudlersville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arterial Sclerosis

(c) Chronic Myocarditis

422.1

93d

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION no

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no

(CITY OR TOWN) — (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) no m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct 9, 1949, to Oct 10, 1949, that I last saw the deceased alive on Oct 9, 1949 and that death occurred at 7 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C H Whitcomb MD ADDRESS Sudlersville Md DATE SIGNED 10/13/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Oct. 14, 1949

NAME OF CEMETERY OR CREMATORY Pines Chapel

LOCATION (City, town, or county) Rural Sudlersville (State) Md.

DATE REC'D BY LOCAL REG. Oct. 13, 1949

REGISTRAR'S SIGNATURE Edward Fellows. Edgar L. Lane

24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 3 1949
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

10008

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

1. PLACE OF DEATH: COUNTY Queen Annes | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville | LENGTH OF STAY (in this place) 33 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) LIZZIE (Middle) (Last) EPSTEIN

4. DATE OF DEATH: (Month) Oct (Day) 2 (Year) 1944

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept 3-1888

9. AGE last birthday: 61 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Warsaw Poland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Nathan Leon Seymour

14. MOTHER'S MAIDEN NAME: Ida Rosenthal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Abe J. Epstein

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia Right Side

334 Antecedent cause(s)

83d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1944, to Oct 2, 1944 that I last saw the deceased alive on 10/2, 1944 and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE: H.J. McPherson | (Degree or title) M.D. | ADDRESS Centreville | DATE SIGNED Oct 10/3/44

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Oct 4-1944 | NAME OF CEMETERY OR ~~CREMATORY~~: Rosemont | LOCATION (City, town, or county) (State): Buck Co. Penna

DATE REC'D BY LOCAL REG.: 10-3-1944 | REGISTRAR'S SIGNATURE: Elsie Armstrong | 24. FUNERAL DIRECTOR: Benton Bros | ADDRESS: Centreville, Md

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OCT 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10009

CERTIFICATE OF DEATH

Reg. Dist. No. 25 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Church Hill; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Q. A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Church Hill; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) A. (Last) HURTT

4. DATE OF DEATH: (Month) Oct. (Day) 14 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Nov. 20 - 1870

9. AGE last birthday: 78 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alfred C. Hurtt

14. MOTHER'S MAIDEN NAME: Mathilda Wilmar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo, or unknown) (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT: Mrs. Nora Timbles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Organic Heart disease

450.0 Antecedent cause(s)

95C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: none

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from June 30, 1941, to Oct 14, 1949, that I last saw the deceased alive on Oct 12, 1949, and that death occurred at 8:a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr. W. Henry Fisher (Degree or title) Centreville Md. Oct. 16 1949

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE Oct. 17 | NAME OF CEMETERY OR CREMATORY Church Hill | LOCATION (City, town, or county) Church Hill (State) Md

DATE RECD BY LOCAL REG. Oct. 16 | REGISTRAR'S SIGNATURE Edgar L. Lane | 24. FUNERAL DIRECTOR Edgar L. Lane | ADDRESS Church Hill

VS. A15

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NOV 3 1969

MARYLAND STATE DEPARTMENT OF HEALTH

10010

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Queen Anne — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Queenstown, Rural — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Queenstown Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) (Last) Hutchins

4. DATE OF DEATH: (Month) Oct. (Day) 18 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 9-1886

9. AGE last birthday: 62 yrs. — If under 1 year: Months 6, Days 9 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Carmichael Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Barney Hutchins

14. MOTHER'S MAIDEN NAME: Susie Little

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 213-22-5915

17. INFORMANT AND ADDRESS: Edna Griffin, Queenstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary hemorrhage (found dead) — Interval between onset and death: Oct. 18. 1949

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

002 13b

(b) Tuberculosis of lungs (far advanced) — Several years

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Chronic osteo-arthritis — About 3 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Coroner called inquest not necessary

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 18, 1949, to Oct. 18, 1949, that I last saw the deceased alive on Sept. 24, 1949, and that death occurred at 7 30 a.m., from the causes and on the date stated above.

SIGNATURE: Theodor Rattelmann, M.D. — (Degree or title) — ADDRESS: Stevensville — DATE SIGNED: Oct. 19. 1949.

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE: Oct. 22-'49 — NAME OF CEMETERY OR CREMATORY: John Wesley Church — LOCATION (City, town, or county) (State): Carmichael Md.

DATE REC'D BY LOCAL REG. Oct. 22-'49 — REGISTRAR'S SIGNATURE: Helen M. Aldridge — 24. FUNERAL DIRECTOR: John D. Williams — ADDRESS: Easton Md

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OCT 25 1949
BUREAU V. S.

10011

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Centreville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Centreville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) CLARK (Middle) (Last) MORRIS

4. DATE OF DEATH (Month) Oct (Day) 7 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify)
8. DATE OF BIRTH Nov. 21-1886
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm. Morris
14. MOTHER'S MAIDEN NAME Anna Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs. Leon Massey - Centreville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause	(a) Primary Bronchogenic Carcinoma	4-6 mo
162	Antecedent cause(s)	Flu	
47c	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Malaria	10 days
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Cardiovascular Disease with Hypertension

19a. DATE OF OPERATION Sept 29
19b. MAJOR FINDINGS OF OPERATION Blood Pleural fluid - Pos for Bronchial Ca Lun
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 28 1949, to Oct 7, 1949, that I last saw the deceased alive on Oct 6, 1949, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

SIGNATURE C. R. Layton (Degree or title) MD ADDRESS Centreville DATE SIGNED Queen Anne Md

23. BURIAL CREMATION REMOVAL (Specify) DATE Oct 10 NAME OF CEMETERY OR CREMATORY Church Hill LOCATION (City, town, or county) Church Hill (State) Md.

DATE REC'D BY LOCAL REG. Oct. 8 REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 9 1949
BUREAU T. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10012

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH · COUNTY: Queen Anna MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Queen Anna
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chester — LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chester
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home.	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Bradford	(Middle)	(Last) Nickson	4. DATE OF DEATH	(Month) Oct (Day) 6 (Year) 1949
5. SEX: M	6. COLOR OR RACE: C	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH: Mar 14 - 1882.	9. AGE last birthday: 67 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer.	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Maryland.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: John Nickson			14. MOTHER'S MAIDEN NAME: Susian Bodley.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.: 215-20-1221	17. INFORMANT AND ADDRESS: May Nickson. (wife)		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) cerebral thrombosis + embolism	Sept. 20, 49
026 Antecedent cause(s)	(b) Arterio clerosis (general) + cerebrals	Several
30c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) lues cerebri	Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 12, 1949, to Oct. 6, 1949, that I last saw the deceased alive on Oct. 4, 1949, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE: Theodor Dattelmaier (Degree or title) M.D. ADDRESS: Stevensville DATE SIGNED: Oct. 7. 1949

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE: Oct. 9-49	NAME OF CEMETERY OR CREMATORY: Chester	LOCATION (City, town, or county) (State): Chester Md.
DATE REC'D BY LOCAL REG.: Oct. 13 - 1949	REGISTRAR'S SIGNATURE: Elizabeth Hopter	24. FUNERAL DIRECTOR: Lewis A. Henry.	ADDRESS: Centreville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 16 1919
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10013

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A13

1. PLACE OF DEATH
COUNTY: Queen Annes — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Queenstown
LENGTH OF STAY (in this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Centreville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) Dudley (Last) Sparks

4. DATE OF DEATH: (Month) Oct (Day) 27 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept-1-1882

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Centreville Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William E Dudley

14. MOTHER'S MAIDEN NAME: Irene Coffage

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs Mary Dudley Queen Anne, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio Sclerotic Cardiovascular Disease — Interval Between Onset and Death: 5 yrs.

422.1

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1946, to Oct 26, 1949, that I last saw the deceased alive on Oct 26, 1949, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William E Lane M.D. — ADDRESS: Queenstown Md — DATE SIGNED: 10-29-49

23. BURIAL, CREMATION REMOVAL, (Specify): Burial — DATE: Oct 29-49 — NAME OF CEMETERY OR ~~CREMATORY~~: Chesterfield — LOCATION (City, town, or county) (State): Centreville Maryland

DATE REC'D BY LOCAL REG.: Oct. 29'49 — REGISTRAR'S SIGNATURE: Helen M. Aldridge

24. FUNERAL DIRECTOR: Barton Bros — ADDRESS: Centreville, Md.

RECEIVED
NOV 2 1949
BUREAU V. S.

10014

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY Queen Annes MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Centreville
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Centreville
STREET ADDRESS (If rural, give location) Queenstown Rd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) MARY CATHERINE STEPHENS

4. DATE OF DEATH (Month) (Day) (Year) Oct 10 1949

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept 15-1873
9. AGE last birthday 76 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Howard Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jacob Kalb Stephens
14. MOTHER'S MAIDEN NAME Corilla ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs Helen A. Kearns Centreville. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized Senility - with Cardiac Failure	2 year
422.1 Antecedent cause(s)	(b) Generalized Arteriosclerotic Cardiovascular disease	years?
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Bilateral Cataracts	5 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1949, to Oct 10, 1949, that I last saw the deceased alive on Oct 10, 1949, and that death occurred at 12 10 p.m., from the causes and on the date stated above.

SIGNATURE C R Layton (Degree or title) M D ADDRESS Centreville, Md DATE SIGNED Oct 10, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Oct 13-1949
NAME OF CEMETERY OR ~~CREMATORY~~ Good Shepherd
LOCATION (City, town, or county) (State) Ellicott City Balto Co. Md

DATE REC'D BY LOCAL REG. 10-10-49
REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR Barton Bros ADDRESS Centreville. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 18 1949
BUREAU V. S.